

Additional Data Statement Form for the Year Ending December 31,

Company:

NAIC Company Code:

Analysis of Washington Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-term Care	Other Health	Other Non- Health
1. Net premium income													XXX
2. Change in unearned premium reserves and reserves for rate credits													
3. Fee for service (net of \$ medical expenses)													XXX
4. Risk revenue													XXX
5. Aggregate write-ins for other health care related revenues													XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)													
8. Hospital/medical benefits													XXX
9. Other professional services													XXX
10. Outside referrals													XXX
11. Emergency room and out-of-area													XXX
12. Prescription drugs													XXX
13. Aggregate write-ins for other hospital and medical													XXX
14. Incentive pool and withhold adjustments													XXX
15. Subtotal (Lines 8 to 14)													XXX
16. Net reinsurance recoveries													XXX
17. Total hospital and medical (Lines 15 minus 16)													XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses													
20. Total general administrative expenses													
21. Increase in reserves for accident and health contracts													XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)													
24. Net underwriting gain or (loss) (Line 7 minus Line 23)													
DETAILS OF WRITE-INS													XXX
0501.													XXX
0502.													XXX
0503.													XXX
0598. Summary of remaining write-ins for Line 5 from overflow page													XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)													XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.													XXX
1302.													XXX
1303.													XXX
1398. Summary of remaining write-ins for Line 13 from overflow page													XXX
1399. Totals (Lines 1301 through 1303 plus 1398)(Line 13 above)													XXX

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Analysis of the Washington Comprehensive Line

	1	2	3	4	5		6
					State Contracts		
	Total Comprehensive (Hospital & Medical)	Individual Contracts	Small Group Contracts	Large Group Contracts (Except State Contracts)	5a Basic Health Plan	5b Public Employees Benefit Board	Other
1. Net premium income							
2. Change in unearned premium reserves and reserves for rate credits							
3. Fee for service (net of \$ _____ medical expenses)							
4. Risk revenue							
5. Aggregate write-ins for other health care related revenues							
6. Aggregate write-ins for other non-health care related revenues	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. Total revenues (Lines 1 to 6)							
8. Hospital/medical benefits							
9. Other professional services							
10. Outside referrals							
11. Emergency room and out-of-area							
12. Prescription drugs							
13. Aggregate write-ins for other hospital and medical							
14. Incentive pool and withhold adjustments							
15. Subtotal (Lines 8 to 14)							
16. Net reinsurance recoveries							
17. Total hospital and medical (Line 15 minus 16)							
18. Non-health claims (net)	XXX	XXX	XXX	XXX	XXX	XXX	XXX
19. Claims adjustment expenses including \$ _____ cost containment expenses							
20. Total general administrative expenses							
21. Increase in reserves for accident and health contracts							
22. Increase in reserves for life contracts	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23. Total underwriting deductions (Lines 17 to 22)							
24. Net underwriting gain or (loss) (Line 7 minus Line 23)							
DETAILS OF WRITE-INS							
0501.							
0502.							
0503.							
0598. Summary of remaining write-ins for Line 5 from overflow page							
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)							
0601.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1301.							
1302.							
1303.							
1398. Summary of remaining write-ins for Line 13 from overflow page							
1399. Totals (Lines 1301 through 1303 plus 1398)(Line 13 above)							

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Group Enrollment and Utilization in Washington

	1	2	3	4		5
				State Contracts		
	4a	4b				
Total Group Comprehensive (Hospital & Medical)	Small Group Contracts	Large Group Contracts (Except State Contracts)	Basic Health Plan	Public Employees Benefit Board	Other	
Total Members at end of:						
1. Prior Year						
2. First Quarter						
3. Second Quarter						
4. Third Quarter						
5. Current Year						
6. Current Year Member Months						
Total Member Ambulatory Encounters for Year:						
7. Physician						
8. Non-Physician						
9. Total						
10. Hospital Patient Days Incurred						
11. Number of Inpatient Admissions						

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Underwriting of Indemnity Calculation or Funded Reserve

Prior to March 1: If the market value of a securities deposit is less than the required amount, deposit additional cash or eligible securities. If the amount of the surety bond is less than the required amount, increase the amount.

Check Certificate of Registration type:

Health Maintenance Organization - \$150,000 Funded Reserve is maintained by:

Cash or securities deposit
Surety Bond
Combination of the two

Health Care Service Contractor - complete A1-A5 and B1-B10.

Limited Health Care Service Contractor - certificate held for:
More than three years - complete C1-C8.
Less than three years - complete D1-D4.



Indemnity is maintained by:
Cash or securities deposit
Surety bond
Insurance policy

Health Care Service Contractor:

Calculation of Deposit Requirements (WAC 284-44-320 and 284-44-330)

- A1.
- Premiums Collected
- A2.
- One-twelfth
- A3.
- Calculated Requirement (line A1 x line A2)
- A4.
- Minimum Indemnity
- A5.
- Indemnity Required (greater of Line A3 or line A5)

Calculation of Indemnity Required (WAC 284-44-340):

	1	2	3
	Incurred but Unpaid	Service Benefits	Non-Service (Indemnity) Benefits
B1. Line of Business Subtotal			
B2. Percentage of Claim Reserve and Claim Liability	100%		
B3. Estimated Increase (Decrease) During Ensuing Year			
B4. Adjusted Claim Reserve and Claim Liability (line B1 + line B3)			
B5. Policy Reserves			
B6. Premiums Received in Advance			
B7. Total Unearned Prepayments (line B5 + line B6)			
B8. Calculated Alternative Indemnity Requirement (line B4 + line B7)			
B9. Minimum indemnity			
B10. Indemnity required (greater of line B8 or line B9)			

Limited Health Care Service Contractor - certificate held MORE than three years:

- C1.
- Uncovered Expenditures
- C2.
- Anticipated increase or decrease in the line above
- C3.
- Total (line C1 + line C2)
- C4.
- Twenty-five percent
- C5.
- Line C3 x line C4
- C6.
- Policy Reserves
- C7.
- Premiums Received in Advance
- C8.
- Indemnity Required (line C5 + line C6 + line C7)

Limited Health Care Service Contractor - certificate held for LESS than three years:

- D1.
- Projected net premiums earned for the next year.
- D2.
- One-half of one percent
- D3.
- Indemnity Required (line D1 x D2)
- D4.
- insures or guarantees the
LHCSC's Uncovered Expenditures and that insurer/guarantor's NAIC company code is .